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ABSTRACT

The guidelines discuss appropriate educational services for children with special health problems. An initial chapter considers the range of common needs of this population, including modification of daily schedule and health related services. Five suggestions are offered to support families, among them understanding needs and rights and facilitating problem solving. The educational service delivery process is viewed in terms of identification, assessment, eligibility, individualized education programs (IEPs), placement, and implementation. Separate chapters address each of the service delivery process components, with sample forms, statements, and reports included throughout. (CL)

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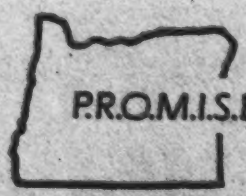
GUIDELINES FOR THE MANAGEMENT OF HEALTH IMPAIRED STUDENTS

Mindy S. Campbell
Sharon L. Cohen
Marilyn Rich

1987



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PREFACE

The P.R.O.M.I.S.E. Project, Providence Regional Outreach for Medically Impaired Students' Education, is administered through Providence Child Center and generously supported by a grant from the Major Awards Program of the Gulf + Western Foundation. The P.R.O.M.I.S.E. Project has worked towards developing a network for the provision of services to health impaired students and their families within the state of Oregon.

Guidelines for the Management of Health Impaired Students is a result of the compilation and development of information by the P.R.O.M.I.S.E. Project. We would like to acknowledge and thank the people and agencies without whom this booklet would not be possible.

Mary Tison, Educational Coordinator for the P.R.O.M.I.S.E. Project (1985-86).

Pam Kourafas, P.R.O.M.I.S.E. Project Secretary and Summer Workshop Coordinator (1985-86).

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Tom Tison, Executive Director, St Vincent de Paul Child Development Center.

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We wish to express our appreciation to the numerous organizations, school districts and individuals across the state of Oregon who have offered us supportive information included in our booklet. Particular thanks goes to the many special children and their families who have shared their experiences and ideas and have given feedback during the Project's efforts.

We also wish to thank the field readers for their most valued suggestions and comments:

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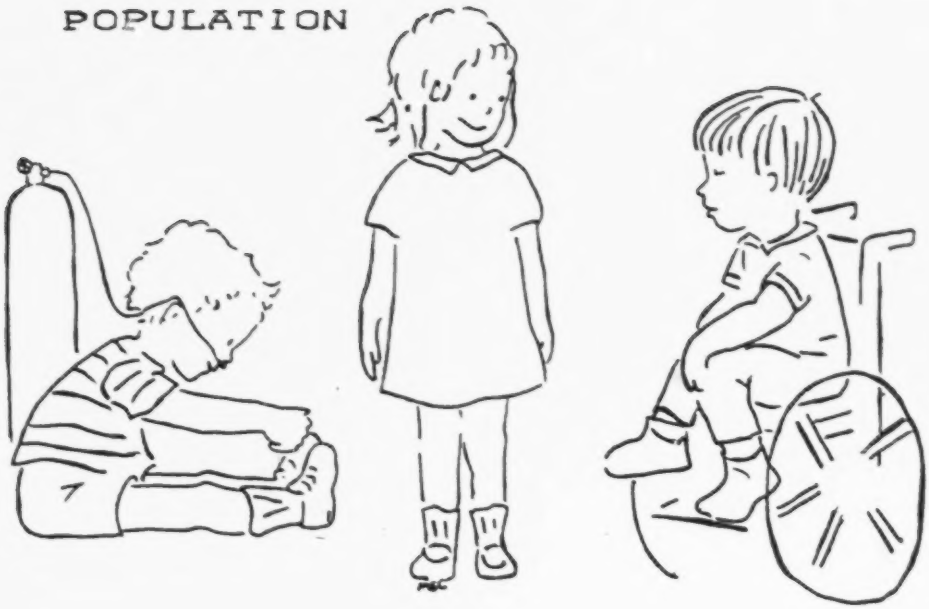
CONTENTS

	Page
PREFACE	-A-
POPULATION	-1-
FAMILY ISSUES	-5-
EDUCATIONAL SERVICE DELIVERY PROCESS	-11-
IDENTIFICATION	-15-
ASSESSMENT	-18-
ELIGIBILITY	-27-
INDIVIDUALIZED EDUCATION PROGRAM	-32-
PLACEMENT	-37-
IMPLEMENTATION	-41-
SUMMMARY	-51
BIBLIOGRAPHY	-52-
RESOURCES	-55-
GLOSSARY	-57-

POPULATION



Health impaired children benefit each day from the impressive progress in medical technology that has occurred over the past 20 years. Advancements in diagnostic tools, which promote early and more accurate diagnosis, and improvements in medication and treatments have all contributed to the survival and have lengthened the lives of these children. In the past, after the onset of an illness, many children simply did not survive. Others went to segregated schools or were kept at home.

This population is becoming more prevalent. More health impaired students are presenting at the door of local school districts. This influx has necessitated that schools expand their services beyond the traditional educational or training programs. They must include monitoring or even interventions that have traditionally been viewed as medical in nature but are now considered necessary educational components in order for these students to access an appropriate education.

Researchers at Vanderbilt University have recognized this population and have completed a comprehensive study in 1985 regarding issues in the care of children with chronic illness. From this study it is estimated that more than two million children in America today experience a severe chronic illness or disability. Care for these children places extraordinary physical, emotional and financial responsibilities on parents, school districts and community service providers.

This population is referred to by many different names including: medically at risk, chronically ill, medically impaired, other health impaired or medically fragile.

The Vanderbilt study has separated children with chronic conditions into three categories.

> The first includes children who have multiple handicaps in addition to or as a result of a chronic illness. Some children with cerebral palsy and mental retardation, who experience health conditions such as respiratory difficulties, feeding or nutritional problems or a seizure disorder, would belong in this grouping.
>
> The second group includes children, without other associated deficits, who have a physical impairment with a health impairment in addition to or as a result of the physical impairment. This might include a student with arthritis or spina bifida who participates in a standard curriculum. Although they are able to remain in a regular education classroom, their mobility difficulties and health needs require special education related services.
>
> The third group includes children who have no motor or intellectual impairment directly related to the illness. These children may fall behind in development as a consequence of the illness or its treatment and may require monitoring of their health impairment during the school day. Children with asthma, diabetes and leukemia typify this group.

The educational programs serving this population also vary and health impaired students may be found in a variety of educational settings along a continuum. However, the children and their unique needs remain constant across educational environments. The most common need is for health related services during their educational day.

The medical etiologies of these children vary. The daily health interventions have become more sophisticated and may include administration of medication, tracheostomy suctioning, gastrostomy tube feeding, operation of heart monitors, administration of oxygen as well as development and implementation of emergency protocols.

In the educational arena, this population is considered high risk and low incidence. They are high risk in their need for special interventions in order to benefit from and/or access an educational experience, and low incidence in that there are not a large number of these children in comparison to other handicapping categories.

These children have complex medical histories and varying developmental needs. Health impaired students demonstrate differing needs for management in the areas of social, physical, emotional and cognitive skill development. Implementation of a comprehensive individualized program with consideration of each student's individual needs, including the health needs, is an essential part of the educational process.

Health impaired students often exhibit the following common needs:

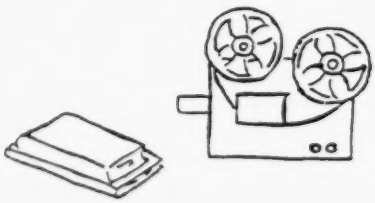
Health impaired students exhibit individual needs for **HEALTH RELATED SERVICES** within the educational setting (e.g. tube feeding, tracheostomy suctioning).

The health impaired student characteristically exhibits varying needs from day to day based on the health dysfunction and may require **MODIFICATION OF THE DAILY SCHEDULE** (e.g. periodic rests, shortened school day).

Health impaired students often need specialized **MEDICAL EQUIPMENT** at school. The related service nurse should determine what medical equipment is needed in the educational setting and facilitate the acquisition, use and maintenance of such equipment (e.g. suctioning unit, oxygen).

Health impaired students, as a whole or individually, may need a variety of placements across time. An **EDUCATIONAL CONTINUUM** provides options for the student during anticipated moves from hospital to home and to the classroom.

Health impaired students require **SPECIFIC MANAGEMENT ACROSS ENVIRONMENTS.** This dictates that the related service nurse provides staff training to integrate the daily health related management into the classroom setting.

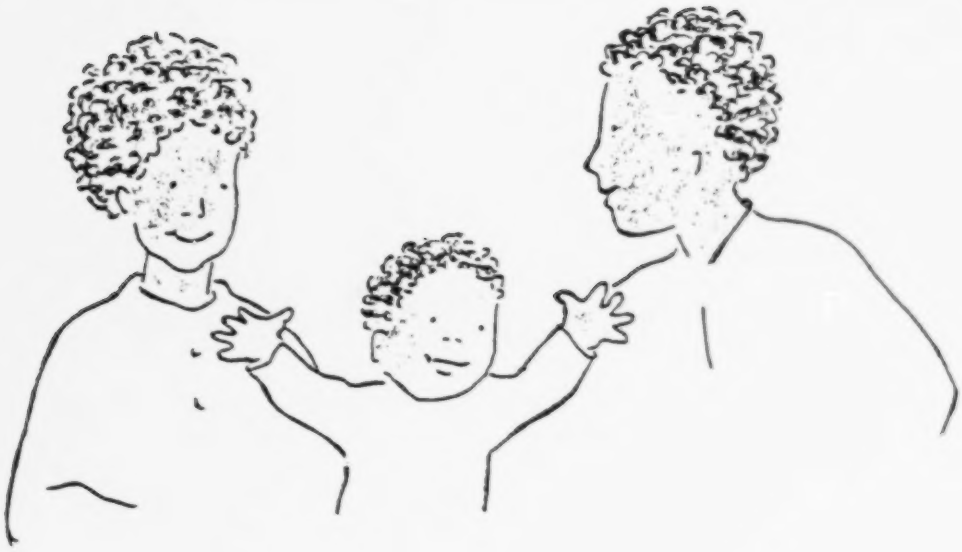


<u>All</u> health impaired students require **EMERGENCY PROTOCOLS.** Emergency information and strategies should be developed jointly by the parent, nurse and school personnel.

In summary, the health impaired child typically requires ongoing medical management to address health related needs due to the chronic health disorder. This medical management may include periodic hospitalizations, the use of specialized medical equipment, the administration of medication or other specific medical treatments. A well defined emergency protocol is essential to assure that appropriate action is taken should an emergency arise.

Special education services, including nursing as a related service, should be implemented to provide the student with an appropriate, safe education in the least restrictive environment. Furthermore, a balance between the medical and developmental components must exist to create a positive educational experience for each health impaired student.

FAMILY ISSUES



Families face stresses from having a child with a chronic health condition. Adjustment to the birth of a child with a health impairment or to the diagnosis of a long term serious illness both creates problems and offers opportunities for these families.

It is important to emphasize the issues which uniquely affect this population. Children who are health impaired are a unique group because of the chronicity of their conditions. Due to the complexity of the child's multiple health needs extraordinary responsibilities are placed on families.

The constant pressure of financial strain, the daily care demands of a health impaired child, and the lack of available or appropriate respite and child care, all create challenges for these families and their service providers.

Stress may result from a number of developmental or situational changes. Developmental changes may occur when the child makes a transition, such as from a preschool to a school age program. Each time the child makes a transition, the family is faced with the stress of adapting to a new set of service providers and expectations. Situational changes may occur when the child or family experience a specific situation such as a surgery or a medical procedure which requires family adaptations.

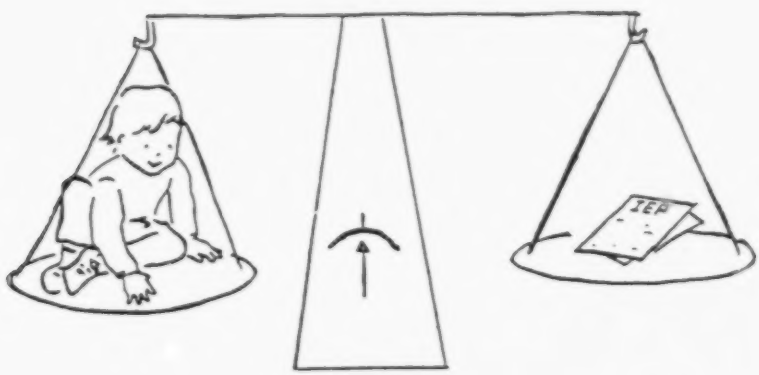
Families utilize different coping patterns or strategies to meet the demands of having a health impaired child. Coping strategies can be defined as anything the family does to reduce stress. Coping strategies can be considered to be either internal, using resources within oneself or one's family, or external, using resources outside oneself or family.

Internal strategies that families may use to cope with a health impaired child or any disabled child could take the form of denial, withdrawal, meditation or specific action. External coping strategies may include spiritual, social or formal support.

The support to families that service providers represent is considered formal support. It reflects the assistance that providers offer to clients and families. Taking an ecological approach to the child, that is considering the relationship of the child to the family and environment, service providers can actively promote the development of all.

Special education service providers can use the following five basic strategies to provide formal support and facilitate cooperation between parents and providers.

1. UNDERSTAND NEEDS AND RIGHTS
2. FACILITATE COMMUNICATION
3. FOSTER MUTUAL SUPPORT
4. PROVIDE SPECIFIC INFORMATION
5. FACILITATE PROBLEM SOLVING



1. UNDERSTAND NEEDS AND RIGHTS

Educational providers must have a clear understanding of the special education needs and rights of the child and parent. The law recognizes that every child is able to learn and requires that educational opportunities be provided for all. The I.E.P., Individualized Education Program, or the I.P.P., Individualized Program Plan for Oregon Early Intervention, are ways of providing a specialized plan for each student focusing on individually designed instruction.

The rights of parents and children, provided under P.L. 94-142, are usually found on the back of the I.E.P. cover sheet and the permission to test due process forms. A copy of these rights are provided on page 31. These rights are designed to promote a collaboration and communication between parents and education service providers. Genuine attempts to involve parents in each step of the educational process will facilitate cooperation and reduce potential misunderstandings.

2. FACILITATE COMMUNICATION

In every profession there are a certain number of phrases, initials, alphabet soup and language shortcuts that promote more efficient work. The use of abbreviations and technical terms certainly has its place when interacting or communicating with peers. However, service providers have a responsibility to communicate with the people they serve in a language that is clear and understandable.

In the educational setting, communication with the parent is practically a daily issue for those serving health impaired students. There are many ways in which parent and classroom staff communication can be facilitated.

One way is for classroom staff to utilize a notebook that goes back and forth between home and school every day. These notes indicate the child's status throughout the day and serve to facilitate communication both ways. This notebook can also serve as a record which reflects the student's everyday participation at school and everyday experiences at home. It may also be used to document the child's tolerance to school activities.

Another communication method is home visits. Although this will depend on funding and staffing patterns, it can be very beneficial. Home visits might involve the teacher, the nurse and/or one of the therapists depending on the needs of the student. Most parents welcome this opportunity if it is handled with consideration and sensitivity.

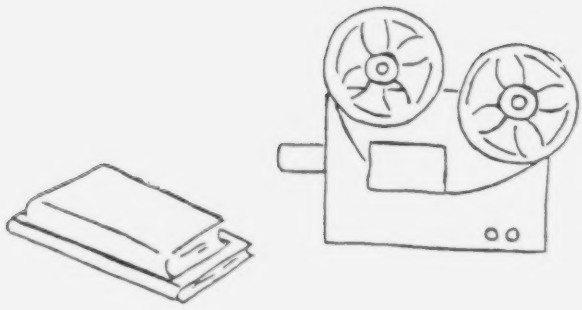
Regular phone contacts seem to be one of the most helpful tools in promoting communication. A classroom teacher may rely on phone calls to exchange information and in doing so develop a rapport that would not have been possible with just notes and infrequent personal contacts. Ready access to a phone can offer immediate information about the child's status at home or at school.

A more formal route of communication between staff and parents occurs during the I.E.P. process. "Between" is used because this is designed to be a two way process. However, it is inappropriate to expect all parents to be equally involved in the I.E.P. or in the child's management at school. While some parents wish to serve as a full team member at the I.E.P. meeting, other parents may prefer the role of receiving and confirming information. It is necessary to consider the parents' perspectives concerning their involvement in the educational program.

Facilitating communication among school staff, parents and other community providers is another component of the staff's support and involvement. There is often a constellation of providers involved with each child and none can effectively serve without good communication and coordination. This takes a concerted effort on behalf of the special education team.

3. FOSTERING MUTUAL SUPPORT

Professionals can also offer support by providing opportunities for socialization with other families. Parent to parent support has proven very effective and especially helpful for parents who are new to the community, new to the educational program or whose child is very young. Whenever possible and appropriate, staff can attempt to link families together to offer opportunities to share their experiences and provide mutual support.



4. PROVIDE SPECIFIC INFORMATION

Providing information and education about the specific needs of their health impaired child may be a primary support that service providers offer families. Connecting parents with resources that offer specific information about their child's disability is essential. It is crucial that parents have adequate and accurate information to be informed decision makers. Materials, training sessions or information about other agencies can be made available to families.

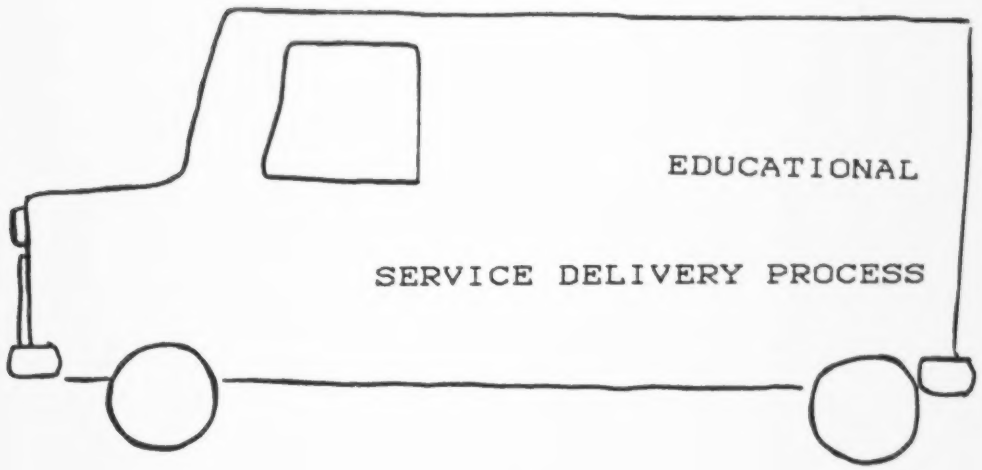
5. FACILITATE PROBLEM SOLVING

Independence and positive self esteem can make a significant impact on a family's ability to cope and function on a daily basis. Family self esteem means both an individual member's self concept and the way the family sees itself as a family unit. Formal support should enhance the family's feelings of competence and self-reliance in caring for their child. Service providers should strive to promote a family's independence rather than foster dependence.

A family's independence can be enhanced by encouraging problem solving. This is done by working through a problem or issue with the family and not taking responsibility for all the answers or solutions. Staff must recognize that no one has all the good ideas or right answers.

Acquiring and using professional support requires the investment of time and effort. Each family has a limited amount of time and energy. Staff will need to consider the family's desire and ability to utilize formal support.

The challenge to service providers working with health impaired children and their families is to first assist the family in identifying the entire spectrum of needs, including the ongoing health needs of the child, then facilitate problem solving with the family to develop a plan which can address those needs.



1. IDENTIFICATION
2. ASSESSMENT
3. ELIGIBILITY
4. INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.)
5. PLACEMENT
6. IMPLEMENTATION

Educational services are mandated for all school age handicapped children including those with special health needs. Services are developed utilizing a process beginning with the **IDENTIFICATION** of the child. Most commonly, the parent calls the school to inquire about educational services. Once an initial contact is made, the child has accessed the process.

A member of the school district staff, often the special education coordinator, acts as the contact person throughout this initial phase. The coordinator must gather all pertinent records and assist the family in understanding each step in the process. The coordinator will need to get written permission from the parents to begin the process. At this time the parents should receive a complete explanation of their rights and have an opportunity to ask questions.

When initial permissions have been given, rights explained and records gathered, an **ASSESSMENT** will take place. Such an assessment is necessary to identify the child's unique abilities and needs and to project for the services needed to provide an "appropriate" education. From this assessment, an **ELIGIBILITY** for special education and related services can be determined.

Once eligibility is decided, the child's I.E.P. will be developed. To provide an "appropriate" education, this plan will address those unique needs identified in the assessment. Such a plan will give educators and parents the information needed to determine the proper **PLACEMENT** in the least restrictive environment.

After placement is determined, a management plan can be developed through the I.E.P. process and **IMPLEMENTATION** strategies can be initiated. As part of implementation, reviews are planned based on the student's individual needs. Review assures that the management plan continues to be appropriate.

The complex needs of health impaired children often require the involvement of a large number of service providers. In addition, these service providers may each represent a different agency. Required services for health impaired students are determined by the type and degree of their health impairment.

The development of a coordinated service delivery system prevents fragmentation of services and promotes effectiveness. Case management is a method of consolidating activities to promote effective and appropriate service delivery. One service provider or the parent acts as the primary liaison among family members, providers and agencies.

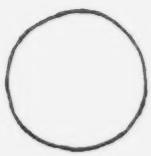
The provision of services utilizing a team model promotes a comprehensive approach. Support of a collaborative team model decreases the chance of fragmented services and unnecessary duplication. For the health impaired student, fragmentation may not only be undesirable, it may have life threatening implications. When all service providers are familiar with the needs of the student, opportunities are maximized and anxiety is reduced. A problem solving team approach to service delivery will facilitate this outcome.

Team composition will vary from agency to agency, depending upon the needs of the students served. Team members must be given time to acquire and integrate new or expanded responsibilities. Administrative support is essential to success. The team members must commit themselves to a team process.

Models for the delivery of team services follow a continuum.

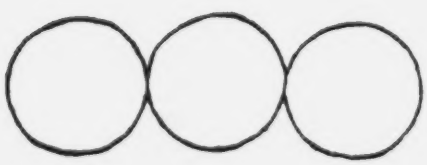
TEAM MODELS

INTRADISCIPLINARY
↓
MULTIDISCIPLINARY
↓
INTERDISCIPLINARY
↓
TRANSDISCIPLINARY



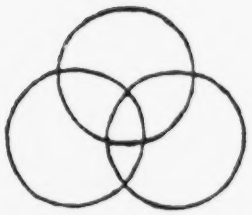
A team composed of several members from a single discipline represent an INTRADISCIPLINARY model. A group of nurses in a community health agency or a group of teachers in a school, working together, illustrates this model. That is, there is only one discipline represented, but these individuals collaborate to provide service.

In the MULTIDISCIPLINARY approach, members of the team recognize that the other disciplines are needed to provide comprehensive service. Individual team members provide their service independently and have limited interaction and communication. A student with private physical therapy, community health nursing services in the home and education in a resource room, has multidisciplinary team services.



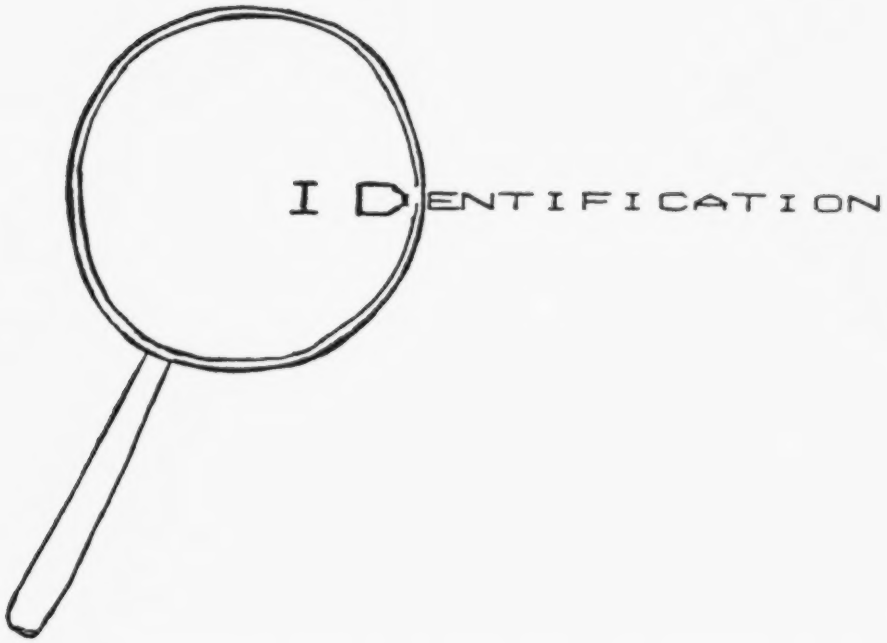
With an INTERDISCIPLINARY focus, members of different disciplines meet to jointly plan. Each team member then carries out their part of the service plan. When the I.E.P. team (the parent, speech therapist, R.N., teacher, etc.) meets, an interdisciplinary team model is being used.

A step beyond interdisciplinary is the **TRANSDISCIPLINARY** approach. This requires the commitment of each team member to actually transfer knowledge, skill or information across traditional disciplinary boundaries. In a trandisciplinary model, ongoing communication and integration of information and strategies promotes a unified focus. When physical therapy goals for walking are carried out by the teacher as part of the daily routine or related service providers incorporate cognition or academic programs into their interventions, a transdisciplinary model is being used.



The necessary interaction with and involvement of parents, who have the central role in the management of their health impaired child, enriches and enlarges the scope of team management.

This section has briefly described the process used to access special education and related services. The following six sections will elaborate on this process.



The first step in identifying a student with a health impairment is recognizing that the child has a right to a free and appropriate education and in turn, referring the child for services.

The past two decades have produced a wide range of social reform for persons with handicapping conditions throughout the United States. Laws concerning persons with disabilities are being rewritten. It is in education, however, that the changes are most far reaching. With the passage of Public Law 94-142, the Education for All Handicapped Children Act of 1975, education services for youngsters with handicapping conditions has changed radically.

The rightful inclusion of handicapped children in an education has required professionals in education and related fields to assume new expanding responsibilities. This demand an understanding of the legal rights of children and the procedures necessary to secure them.

P.L. 94-142 guarantees the availability of a free, appropriate public education to all those with handicapping conditions. Public Law 99-457 will secure these rights for children ages 3 to 21 years, beginning in 1990. As defined in the Law, the term "handicapped children" means mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired or children with specific learning disabilities who, by reason thereof, require special education and related services.

Any discussion of education and related service rights of children with disabilities must include Section 504 of the Rehabilitation Act of 1973. Compliance with this Act is also required in public education. Section 504 closely parallels P.L. 94-142 and, in addition, pertains to equal program accessibility in any facility which receives federal monies. This includes access to an educational facility.

The Section 504 definition of who is handicapped goes beyond the P.L. 94-142 categories. The regulation identifies a "handicapped individual" as anyone with any type of physical or mental disability that substantially impairs or restricts one or more major life activities.

With the advent of P.L. 94-142, educators were faced with the task of identifying students who were eligible for special education services. Children with medical impairments were among those students.

Oregon Administrative Rules define Other Health Impaired as children who have limited strength, vitality or alertness due to chronic or acute health problems. The rules further describe examples of health impairments such as heart condition, tuberculosis, rheumatic fever, nephritis (kidney disease), hemophilia, epilepsy and so on.

To assist in identifying other health impaired students, a checklist is offered as a means of determining which students should be referred for evaluation by the multidisciplinary team (page 17). This team decides whether the student is eligible for special education services as Other Health Impaired.

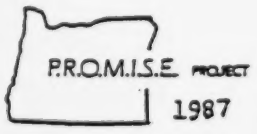
OTHER HEALTH IMPAIRED IDENTIFICATION CHECKLIST

STUDENT'S NAME:_____ DOB:_____ SCHOOL:_____

PERSON COMPLETING FORM:_____ DATE:_____

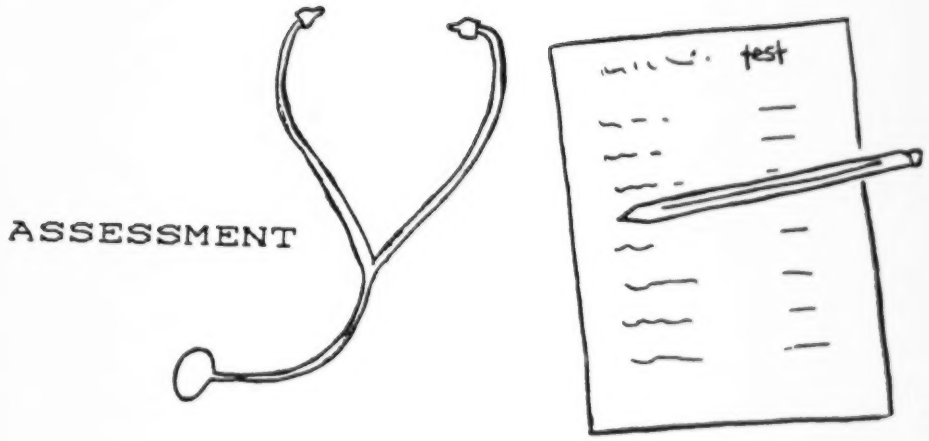
Does the student:	YES	NO	Comments
1. have a medical diagnosis of a chronic health problem..... (such as: diabetes, tuberculosis, seizures, cystic fibrosis, asthma, muscular dystrophy, liver disease, digestive disorders, respiratory disorder, hemophilia, etc.) Condition:_____			
2. receive medical treatments during or outside the school day..... (such as: oxygen, gastrostomy care, special diet, airway suctioning, tracheostomy care, I.M. injections, etc.) Treatment:_____			
3. experience frequent absences due to illness.....			
4. experience frequent hospitalizations.....			
5. receive ongoing medication for health problems.... (such as: seizure meds, heart meds, allergy meds, chemotherapy, inhalation meds, enzyme therapy, etc.) Medications_____			
6. require adjustments of the classroom schedule due to a health condition..... (such as: rest following a seizure, limitation in physical activity, periodic break for endurance, part time schedule, etc.)			
7. require environmental adjustments to classroom.... (such as: temperature control, decreased light, small class size, availability of running water, etc.)			
8. require major safety considerations..... (such as: special precautions in lifting, special transportation, emergency plan, special safety equipment-helmet, special techniques for positioning-feeding, etc.)			

For interpretation of this information, complete this form and forward to the school nurse or nurse consultant in your district.



Nurse's name:_____

Address:_____ City:_____ Zip:_____

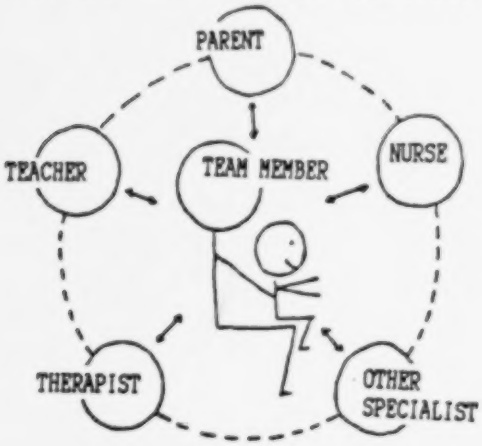


There are three basic reasons for completing an assessment in the educational system. The first is to determine eligibility for special education services. When conducting such an assessment, the following are addressed: the student's level of functioning in all areas, the identification of special needs and the relationship between the needs and the criteria for eligibility.

Another reason for assessment is to define the focus of intervention. From the identification of both strengths and needs, conclusions can be reached as to the basis or focus of intervention.

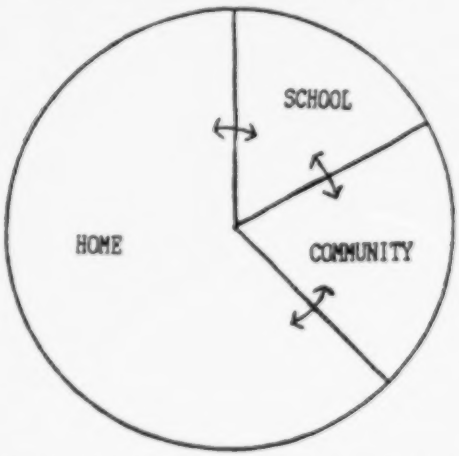
The third reason for assessment is to provide a periodic reevaluation of the child's status as a means of evaluating the effectiveness of the management plan and to assure that all interventions remain appropriate. Thus, assessment provides the data to determine eligibility, to determine the focus of intervention and to determine the continued appropriateness of the management plan.

There are two general recommendations which should remain constant throughout the assessment process.



First, the use of a team approach to assessment is beneficial to maintain a "whole child" focus. Team assessment also promotes the communication that is necessary to address the complex needs of the health impaired student. Each team member has an opportunity to develop a sensitivity to the focus of the other disciplines during team assessment sessions.

The second recommendation involves not only viewing the student as a whole in all areas of development, but also viewing the student's needs throughout the day. This means evaluating those needs in the educational setting, in the community, and, with parent participation, the child's needs within the family. Each part of the child's life impacts on the whole.



If the assessment follows a consistent process, a focus of intervention which addresses the unique individual needs of the student will be maintained. Such an assessment process will assure that an accurate and comprehensive analysis has been done. This process includes four steps; intake, planning, actual assessment and staffing. An assessment worksheet is provided (page 22).

ASSESSMENT PROCESS:

1. INTAKE

The first step in the assessment process is the INTAKE or gathering and review of records. A review of all records, medical and educational, is necessary. Such a review will provide an immense help in planning the actual assessment. Without an intake review process, it is impossible to identify which areas need to be evaluated. During a formal intake, a case manager can be identified to accept responsibility for gathering all the needed information and coordinating the assessment. The case manager accepts the responsibility for compiling the assessment reports as well.

2. ASSESSMENT PLAN

Once a case manager has been determined, an **ASSESSMENT PLAN** can be developed. This plan identifies those areas that will need to be addressed during the assessment.
A list of assessment factors to be considered is included (page 23).

If necessary, a plan to adapt the assessment process should be developed at this time. Such adaptations might include making sure necessary equipment is available during the assessment. It would be of paramount importance to assure that any medical support equipment (oxygen, suction machine, feeding equipment, etc.) is available.

The appropriate environment for the assessment will also be determined at this time. Perhaps factors such as room temperature, lighting, availability of running water, noise level or activity level will need to be considered. In some cases the assessment may need to be performed in alternative sites, such as the child's home.

Even with the best of planning beforehand, the assessment team should be prepared to continue adapting during the actual assessment if circumstances dictate.

3. ASSESSMENT

The next step in the assessment process is the actual **ASSESSMENT**. Each member of the assessment team maintains the authoritative control over which disciplinary assessment tool will be used to determine the levels of function.

The educator determines what diagnostic tool is most appropriate. The physical therapist decides what motor assessment tools are most appropriate. In turn, each discipline makes their own assessment tool decision.

The Health Needs Intensity Scale (page 24) is provided as an example of one tool which can be used by the nurse to note any needs or concerns in a review of physical systems. The health related assessment must include a review of current physical status, medical regime and treatment, daily schedule and routine, determination of needed equipment and supplies, and the data for the development of an emergency protocol.

The medical or health related assessment can be addressed from a developmental perspective by reviewing the child's past medical history and assessing the current medical status. This information can be used to anticipate the child's needs in the future and how the medical condition may affect educational performance.

If this evaluation is conducted by a registered nurse familiar with the home and school environments, predictors can be generated regarding safety, endurance, and health interventions. School nurses, pediatric nurse practitioners or community health nurses usually have such expertise.

It is recommended that the assessment be done in a team format where one member of the team assumes responsibility for the primary interaction with the child. The others observe and feed questions to the interacting team member. There may be time scheduled for any discipline to complete additional testing if necessary.

4. STAFF

The last step in the assessment process is the STAFFING. Even if it is not possible for an assessment to be completed as a team, it is crucial that the staffing be conducted with all team members present. The staffing provides an opportunity for each team member to report findings and for the team to determine eligibility for special education services.

A written report that indicates results, conclusions and recommendations should be completed. This can be done as a team report or as a compilation of separate disciplinary reports. A sample nursing report is provided (page 26). This report can be shared with parents and service providers and serve as a foundation for the development of the I.E.P.

P.R.O.M.I.S.E. project

ASSESSMENT WORKSHEET

NAME:_____
DATE:_____
DATE OF BIRTH_____
AGE_____

	HEALTH	FINE MOTOR	GROSS MOTOR	SENSORY	(PRE) ACADEMIC	SOCIAL	SELF HELP	SPEECH/LANGUAGE COMMUNICATION
RECORD REVIEW (Case Manager)								
ASSESSMENT PLAN								
STAFF								

ASSESSMENT FACTORS TO BE CONSIDERED

1. Medical History: diagnosis; current service providers/services; hospitalizations; treatments; surgeries.

2. Physical Status: GM skills; FM skills; health, stability; endurance; neuromuscular status; range of motion; current medical interventions (e.g., gastrostomy, tracheostomy, NG feeding, catheterization, medications, diet, nutrition); mobility; sensory systems (tactile, propreoception, vestibular).

3. Social/Emotional Status: Family background; support agencies; current family status; interactive/play skills; behavior; living situation; parent interview.

4. Cognitive Status: Present level of functioning in cognitive development (problem solving, cause and effect, representation); intelligence quotient (IQ); may use developmental level as indicator.

5. Academic Status: Standardized test battery appropriate to age/grade developmental level; current placement (classroom observation); teacher interview.

6. Vocational Status: Skill/aptitude inventories; history of past/current work situations; functional motor skills; work environment adaptations.

7. Communication Status: Language development (expressive/receptive); mode of communication (verbal, signing, augmentative, combinations across environments); ESL; functional use of communication system.

8. Adaptive Behavior: Activities of daily living (bathrooming, dressing, eating, grooming); alternative mobility; independent living skills (shopping, community access); daily routine.

9. Vision Status: Medical information; functional vision status; adaptive aids (glasses, large print).

10. Hearing Status: Medical information, audiological status; aided or unaided threshold; audition (functional hearing).

11. Adaptive/Medical Equipment: Bracing, wheelchair; power wheelchair; classroom positioning aids; ambulation aids; transportation adaptions; medical support equipment (e.g., emergency equipment, suctioning unit, oxygen); catheterization equipment; tube feeding equipment; sterile process; emergency protocols.

12. Educational Environment: Ability to access school/home (architecturally barrier free); safety (ambulatory/non-ambulatory, seizure disorder); level of environmental stimulation; emergency medical protocol (liability, access to medical emergency support); testing environment may need to be at home (endurance/tolerance to travel may impact performance); appropriate opportunities for mainstreaming.

HEALTH NEEDS INTENSITY SCALE

Student's Name: _____ Date: _____

DAILY	LESS THAN DAILY	SKILLED NURSING INTERVENTIONS
		Growth and Nutrition:
		Prescriptive diet formula only — toddler pureed — regular chopped — gastrostomy nasogastric tube
		intake measured and recorded
		output recorded
		diet adjustment required
		restricted intake required
		special feeding techniques
		oral with facilitation
		aspiration management
		non-oral feedings
		Body Systems: Circulatory
		impairment requiring intervention
		special skin care
		vital signs monitored
		Respiratory
		impairment requiring intervention
		vital signs monitored
		respiratory therapy
		supportive respiratory treatment
		oxygen therapy
		nasopharangeal/tracheal suctioning
		tracheostomy management
		respiratory secretion management
		emergency airway maintenance
		administration of medication for respiration d
		Digestive - elimination
		impairment requiring intervention
		electrolyte therapy/hydration
		prescriptive treatment required
		Nursing Interventions Central Nervous System
		impairment requiring intervention
		maintenance of protective environment
		maintenance of normal body temperature
		observation of behavior
		observation for shunt function
		observation for acute conditions
		Seizure disorders
		diagnosed
		suspected
		requiring nursing intervention
		behavioral observation
		supportive care during seizures
		potential for status epilepticus

(over)

DAILY	LESS THAN DAILY	Nursing Interventions(continued) Miscellaneous Treatment Regimens Medications
		prescriptive medication administered
		requires special administration of medications
		requires I.M. medication
		requires administration via naso-gastric tube
		requires topical administration
		requires administration when symptoms present
		requires close observation for side effects
		post-surgical nursing care
		catheter insertions and sterile irrigations
		sterile dressings
		special skin care
		orthopedic nursing procedures
		may require management of acute condition
		Other: special transportation needs

SAMPLE DISCIPLINE REPORT: NURSING

NAME:
AGE:
PARENT'S NAME:
ADDRESS:
PHONE:

DATE OF ASSESSMENT:
DATE OF REPORT:
EVALUATOR:

REASON FOR ASSESSMENT: (Student's name) was seen for health-related assessment as part of a multidisciplinary assessment to determine eligibility for special education and related services.

BACKGROUND INFORMATION:

General data known prior to assessment

ASSESSMENT TOOLS:	BY WHOM	WHEN
Review of Records		
Parent Interview		
Clinical Observation		
Assessment (Name Tool)		
Home/Classroom Visit		
Phone Interviews (ie. MD., clinic, social worker)		

ASSESSMENT RESULTS

Observations:

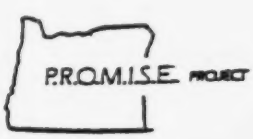
Data:

RECOMMENDATIONS

(Child's name) demonstrates the need for (level of health-related services) in the classroom to address:

1.
2. (List Needs)
3.
4.

_____
Signature



Both state and federal laws recognize "Other Health Impaired" as a distinct and separate category eligible for special education service. The Oregon Administrative Rules (OAR) indicate a student is eligible for special education as "Other Health Impaired" if the health condition adversely impacts on educational performance. See OAR definition (page 28). In order to provide special education, local school districts must determine and establish eligibility for the individual student.

Eligibility for special education and related services is determined by the multidisciplinary team assessment and based on the state eligibility criteria. To address eligibility criteria, the evaluation must consider the impact of the student's health impairment on educational performance and whether the student's health condition requires special education services. See OAR eligibility criteria (page 29).

Included in the health assessment should be an indication of what health related services are necessary for the student to participate in an educational setting. In addition, a physician's statement indicating the student's health impairment is permanent or is expected to last for more than 60 calendar days is necessary.

A formal eligibility statement is completed by the school district indicating the handicapping condition(s) and a description of the disability, if necessary. See example eligibility statement (page 30).

As with any student who receives special education services, the "Other Health Impaired" student must have eligibility re-established every three years. The process for re-establishment of eligibility closely parallels the initial eligibility process. A multidisciplinary team evaluation, including assessment of the student's current health needs as they relate to participation in the educational setting, is required to re-establish eligibility.

DIVISION 15

SPECIAL EDUCATION

[ED. NOTE: The following Administrative Orders relating to Special Education were previously adopted by the Department of Education: 1EB 3, filed 3-30-59; 1EB 22 and 23, filed 1-19-60.]

Definitions

581-15-005 The following definitions apply to Oregon Administrative Rules 581-15-015 through 581-15-201, unless the context requires otherwise:

(1) "Autism" is a severe and chronic disorder that affects communication and behavior and is manifested during early development. Autism is a behaviorally defined syndrom; essential features include disturbances of:

(a) Developmental rates and/or sequences;

(b) Responses to sensory stimuli;

(c) Speech, language, and communication; and

(d) Capacities to relate to people, objects and events.

(2) "Consent" means that:

(a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;

(b) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes the activity and lists the records (if any) which will be released and to whom; and

(c) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

(3) "Decision" means the decision of the hearing officer which shall be final, unless reviewed by the State Superintendent of Public Instruction.

(4) "Determination" means the determination by the school district concerning the identification, preplacement or annual evaluation, individualized educational plan or placement of a handicapped child in a program paid for by the district.

(5) "Evaluation" means procedures used to ascertain the aptitude and achievement of the child, as well as to determine whether the child is handicapped, and the nature and extent of the special education that the child needs. The term refers to procedures used selectively with the individual child and does not include basic tests administered to or procedures used with all children in school, grade, or class.

(6) "Handicapped children" includes children who require special education in order to obtain the education of which they are capable, because of mental, physical, emotional or learning problems. These groups include, but are not limited to those categories that traditionally have been designated: mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, children with specific learning disabilities, and individuals who are pregnant:

(a) "Deaf" means a hearing impairment which is so severe that the child's hearing, with amplified sound, is nonfunctional for the purposes of educational performance.

(b) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that the child cannot be accommodated in special education programs designed solely for the hearing handicapped or for the visually handicapped.

(c) "Hard of hearing" means a hearing condition, which is functional with or without amplified sound, and adversely affects a child's educational performance.

(d) "Mental retardation" refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period:

(A) Educable mentally retarded means a child:

(i) Who has mild retardation,

(ii) Whose intelligence test score ranges between 2 and 3 standard deviations below the norm on a standardized individual test, and

(iii) Who fully meets eligibility criteria under OAR 581-15-051(7).

The approved cost of special education programs for educable mentally retarded children will be reimbursed from the Oregon Department of Education under provisions of OAR 581-15-046.

(B) Trainable mentally retarded means a child:

(i) Who has a moderate, severe, or profound level of mental retardation,

(ii) Whose intelligence test score is 3 standard deviations below the mean on a standardized individual test, and

(iii) Who fully meets eligibility criteria under OAR 581-15-051(7).

The approved excess cost of special education programs for trainable retarded children will be reimbursed from the Oregon Mental Health Division under provisions of ORS 430.780.

(e) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired), the combination of which causes such severe educational problems that the child cannot be accommodated in special education programs solely for one of the impairments. The term does not include children who are deaf-blind.

(f) "Orthopedically impaired" means a child who has a motor disability caused by an anomaly, disease or impairment by other conditions (e.g., cerebral palsy, spina bifida, muscular dystrophy or traumatic injury) and who requires specialized and integrated services in order to benefit from an educational program.

(g) "Other health impaired" means limited strength, vitality, or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(h) "Seriously emotionally disturbed" means an emotional problem which affects a child's educational performance to the extent that the child cannot make satisfactory progress in the regular school program. The seriously emotionally disturbed child exhibits one or more of the following characteristics over an extended period of time and to a marked degree:

(A) An inability to learn at a rate commensurate with the child's intellectual, sensory-motor, and physical development;

(e) The multidisciplinary team shall prepare a statement of eligibility, and each member of the team shall sign the statement signifying his/her concurrence or dissent.

(10) Other Health Impaired:

(a) Eligibility as a student who is other health impaired shall be determined by a multidisciplinary team. The team shall include two or more individuals, at least one of whom shall be a specialist knowledgeable and experienced in the education of students with the suspected disability.

(b) The following are required:

(A) A physician's statement by the student's physician(s) licensed by the Board of Medical Examiners for the State of Oregon indicating a diagnosis of the health impairment, if known, or a description of the impairment; and

(B) An assessment of the impact of the student's health impairment on his/her educational performance by a specialist knowledgeable in the area of the student's suspected disability.

(c) Other information related to the student's suspected disability shall be obtained when the minimum requirements do not adequately assess the problem.

(d) The multidisciplinary team may determine that a student is other health impaired when:

(A) The student's health condition requires special education; and

(B) The student's condition is permanent or is expected to last for more than 60 calendar days.

(e) The multidisciplinary team shall prepare a written statement of eligibility, and each member of the team shall sign the statement signifying his/her concurrence or dissent.

(11) Individuals Who are Pregnant:

(a) The individual shall be examined by a physician licensed by a State Board of Medical Examiners verifying the condition of pregnancy.

(b) When home instruction is provided, individualized goals and objectives shall be compatible with those developed in the regular classroom.

(c) Teachers of individuals receiving home instruction shall hold appropriate certification.

(d) Nothing contained herein shall be construed to prevent individuals who are pregnant from electing to continue to attend classes in the regular school program.

Stat. Auth.: ORS Ch. 343
Hist.: IEB 29-1978, f. & ef. 7-20-78; IEB 18-1983(Temp), f. & ef. 12-20-83; IEB 7-1986, f. & ef. 2-24-86

[ED. NOTE: The text of Temporary Rules is not printed in the Oregon Administrative Rules Compilation. Copies may be obtained from the adopting agency or the Secretary of State.]

Confidentiality of Handicapped Children's Records

581-15-055 (1) Each local educational agency or agency reporting any data related to a handicapped child as defined in ORS 343.035 shall keep confidential any record maintained on that child in conformance with Section 617(c) of the Education of the Handicapped Act (20USC1417(c)) as amended by Section 5 of Public Law 94-142.

(2) Each source reporting data on handicapped children shall provide access to any record maintained on that child in conformance with Section 617(c) of the Education of the Handicapped Act (20USC1417(c)) as amended by Section 5 of Public Law 94-142.

(3) Each source reporting data on handicapped children shall provide due process hearing procedures in conformance with the rules and regulations relating to Section 617(c) of the Education of the Handicapped Act (20USC1417(c)) as amended by Section 5 of Public Law 94-142 at the time this rule becomes effective.

Stat. Auth.: ORS Ch. 192, 336, & 343
Hist.: IEB 261, f. 6-2-77, ef. 6-3-77; IEB 10-1978, f. & ef. 3-3-78

Advanced Payment to School Districts for Special Education Programs

581-15-057 (1) In accordance with ORS 343.281, a school district or education district that operates a special education program approved by the State Superintendent of Public Instruction may receive partial reimbursement for said program on an advanced payment system.

(2) Advance payments paid by the Oregon Department of Education to the school district shall be made on a quarterly basis.

(3) The first three advance payments shall be calculated either upon the district's reimbursement for the prior year or the district's estimated costs for special education for the coming school year, at the discretion of the Department.

(4) The fourth payment shall be based upon the district's approved reimbursement for the current claim less the three advance payments.

(5) In no event will the fourth payment be remitted until final auditing of a district's claim by the Department has been completed.

Stat. Auth.: ORS Ch. 343
Hist.: IEB 269, f. & ef. 12-22-77; IEB 14-1979, f. 10-4-79, ef. 10-5-79

Requirement for Least Restrictive Environment

581-15-059 School districts shall insure that:

(1) To the maximum extent appropriate, handicapped children are educated with children who are not handicapped; and

(2) Removal of handicapped children from the regular educational environment in any way occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Stat. Auth.: ORS Ch. 343
Hist.: IEB 269, f. & ef. 12-22-77

Alternative Placements and Supplementary Services

581-15-060 School districts shall insure that a continuum of alternative placements is available to meet the needs of handicapped children for special education and related services, which continuum must:

(1) Include as alternative placements instruction in regular classes, special classes, special schools, home instruction and instruction in hospitals and institutions; and

(2) Provide for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.

Stat. Auth.: ORS Ch. 343
Hist.: IEB 269, f. & ef. 12-22-77

Placement of the Child

581-15-061 School districts shall insure that:

PORTLAND PUBLIC SCHOOLS
Special Education

B-5

ELIGIBILITY STATEMENT

Student's Name Johnny Smith School Seaweed Elem. Birthdate 1/1/79

I. ELIGIBILITY CRITERIA MET (List:)
(As described in OAR 581-15-051 Minimum Eligilibility Criteria)

Johnny has been evaluated by a multidisciplinary team and is determined to be eligible for special education services as OTHER HEALTH IMPAIRED under OAR 581-15-015.

Johnny has a medical diagnosis of congenital heart disease which significantly impacts on his educational performance.

Sample

Handicapping Condition/s: 1) OTHER HEALTH IMPAIRED (Primary) 2) _____ (Secondary)
3) _____ (Secondary) 4) _____ (Secondary)

II. INTERDISCIPLINARY ASSESSMENT PARTICIPANTS:

LD Agreement	Signature	Position	Date
☐		School Nurse Consultant	
☐		School Psychologist	
☐		Diagnostic Specialist	
☐		Speech/Language Pathologist	
☐			
☐			

If the primary handicapping condition is determined to be a learning disability, the participants in the interdisciplinary educational team should check the box next to his/her signature to indicate their agreement with the conclusion. If a member does not check the box he/she must submit a separate statement presenting his/her conclusions. Statutory Authority OAR 581-15-072

*Note See Form B-5A, LD Evaluation Procedures Checklist)

See attached report(s)

White: Spec. Education Yellow: Parent Pink: Permanent Record Folder

School District
Address
City, Oregon ZIP
(503) Phone

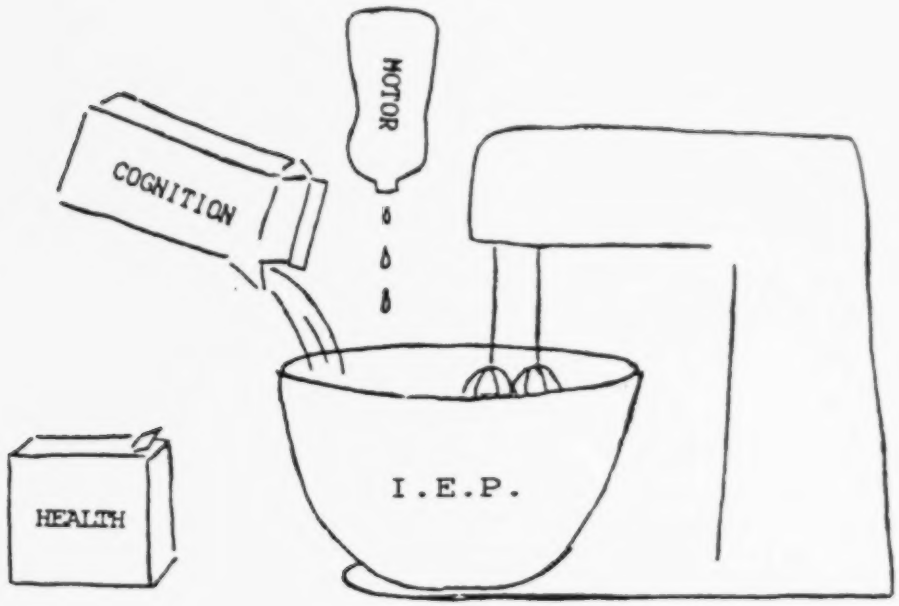
PARENTS RIGHTS IN IDENTIFICATION, EVALUATION AND PLACEMENT

Please Keep This Explanation For Future Reference

The following is an explanation of your rights according to federal and state rules and regulations (45 CFR 121a.500, ORS 343.163, ORS 343.173 and OAR 581-15-075). The intent of these rules and regulations is to keep you fully informed concerning my decision about your child, as well as your rights should you disagree with the decision.

1. **Right to inspect and review your child's records**
   You have the right to inspect and review all educational records with respect to the identification, evaluation, individualized educational plan, and educational placement of your child, and the provision of a free appropriate public education to your child. You also have a right to a response from the school district to reasonable requests for explanations and interpretations of your child's records. You have a right to request that the school district provide copies of the records at a reasonable cost unless the fee would effectively prevent you from exercising the right to inspect and review the records in which case the copies shall be provided without cost to you. You have a right to have your representative inspect and review your child's records.
2. **Right to obtain an independent evaluation**
   If you disagree with the identification, evaluation, individualized education plan, placement, or the provision of a free appropriate education to your child, you may request that an independent educational evaluation be made pursuant to OAR 581-15-094. You also have the right to request from the school district information about where an independent educational evaluation may be obtained.
3. **Right to refuse consent for preplacement evaluation**
   You can deny permission for your child to be tested for initial placement in special education.
4. **Right to refuse consent for initial placement of your child in a program providing special education and related services**
5. **Right to ask for an impartial due process hearing**
   If you disagree with the school's actions at any point concerning the identification, evaluation, individualized education plan, or educational placement of your child, or the provision of a free appropriate public education to your child, you have the right to request a hearing. If you desire a hearing, you must notify the school district in writing within 20 days of the date the prior notice was mailed to you. The school district will inform you of any free or low cost legal and other relevant services available in the area if you request it or if either you or the school district initiates a hearing.
6. **Right to request a list of the types and locations of educational records collected, maintained or used by the school district**
7. **Right to request that your child's records be changed**
   You have the right to request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy or other rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, not to exceed 30 days, and advise you of your right to a hearing to challenge information in the records.
8. **Right to refuse consent for the use of your child's records**
   You have the right to refuse consent for the disclosure of personally identifiable information related to your child to anyone other than school officials or person acting in an official capacity for the school district collecting or using the information. You also have the right to refuse consent for the use of personally identifiable information related to your child for any purpose other than the identification, evaluation, individualized educational plan or educational placement of your child, or the provision of a free appropriate public education to your child.
9. **Right to request the destruction of your child's records**
   You have the right to request the destruction of personally identifiable information collected, maintained, or used by the school district for special education when it is determined by the school district to be no longer needed to provide educational services to your child. However, the required contents of the permanent record must be retained in accordance with the provisions of OAR 581-22-717.

INDIVIDUALIZED EDUCATION PROGRAM



The I.E.P. is a description of the individually designed instruction and/or the related services which will be provided to meet the unique needs of each child. The I.E.P. is not limited to what is available but is a description of what is needed by the student.

The I.E.P. serves many purposes. It provides an opportunity for parents and school personnel to communicate and reach joint decisions regarding the specific education plan. It affords a format for resolution of differences. It also serves as a management tool for the provision of an "appropriate" education and defines the necessary resources. Finally, it may serve as a vehicle from which to measure progress and compliance.

For the health impaired student, the I.E.P. team should include: the parent, the school district representative, an educator, related service providers, a representative of the assessment team, the nurse and, if appropriate, the student.

If the student is determined eligible as "Other Health Impaired", the I.E.P. team should share information about the student's health related needs as one aspect of the decision making process. On the cover sheet of the I.E.P., the individual components of service will be delineated, such as the size of the classroom or the amount and type of related services. Nursing is a related service for health impaired students. A sample cover sheet is included (page 35).

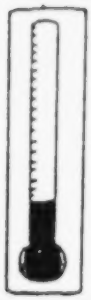
There are a number of options for the provision of the related service of nursing. These options follow a continuum, beginning with the most intensive.

The first option, HIGH INTENSITY DIRECT, indicates the availability of the nurse directly to the student in the classroom on a full-time basis. The self-contained classroom for health impaired students utilizes this model. A student with a new gastrostomy initially would require high intensity nursing intervention.

LOW INTENSITY DIRECT reflects the availability of the nurse directly to the student on a part-time basis. This model might be used in any of the educational environments when a student requires a prescribed treatment that should be performed only by a nurse. A diabetic student requiring an insulin injection would receive low intensity direct nursing services.

The level of HIGH INTENSITY INDIRECT service reflects the full-time availability of the nurse to participate as a member of the multidisciplinary team. This may include indirect service such as instruction of classroom staff in specific medical management techniques or development of an emergency protocol. It implies full-time availability of the nurse to the staff, not necessarily to the student. The nurse training staff to identify and record a student's seizures illustrates high intensity indirect services.

LOW INTENSITY INDIRECT implies only part-time availability of the nurse to the staff. For instance, a nurse who is responsible for several schools or serves on several different teams provides low intensity indirect service. This may include services such as periodic review or monitoring of the student's health status.



CONSULTATIVE nursing service means no direct service to the student and minimal availability to the staff. The nurse serves only as a resource to staff. The provision of written information on a specific condition is an example of consultative nursing.

It is understood that students receiving direct services would require the provision of indirect and consultative service as well. In addition, to establish an indirect or consultative service, the nurse may need to provide an initial period of direct service.

At the I.E.P. meeting, the team must decide on instructional goals and objectives for the school year, or for a specified period of time. This includes health related goals and objectives. In addition, placement may be determined by the I.E.P. team following the development of an initial I.E.P. The I.E.P. is developed first to identify the special education needs of the student. Placement follows to identify an environment which will address these needs. A sample of health-related goals and objectives is included (page 36).

PORTLAND PUBLIC SCHOOLS

Special Education
Individualized Education Plan
School Year 86 to 87

Check One
☐ Initial IEP
☐ Annual Review IEP

Date _____

Student's Name Carrie Johnson Home School Seaweed Elem. Birthdate 7/4/77

Grade N/A Student ID # _____

Teacher (SPF) _____ Projected Date of Annual IEP Review _____

Sample

SPECIAL EDUCATION SERVICES TO BE PROVIDED

Services	Least Restrictive Environment	Projected Dates of Initiation	Anticipated Duration of Services
☐ Specially Designed Reading			
☐ Specially Designed Math			
☐ Specially Designed Spelling			
☐ Specially Designed Language Arts			
☐ Specially Designed P.E.			
☐ Speech Pathology			
☐ Specially Designed Vocational Education			
☐ Specially Designed Behavioral Program			
☐ Other Self Contained Special Education			
☐ Other			

RELATED SERVICES TO BE PROVIDED

Services	Projected Dates of Initiation	Anticipated Duration of Services
☐ Transportation		
☐ Speech Pathology		
☐ Audiology		
☐ Psychological Services		
☐ Physical Therapy		
☐ Occupational Therapy		
☐ Special Equipment		
☐ Reader Services		
☐ Volunteer Services		
☐ Recreation		
☐ Counseling Services		
☐ Social Work		
☒ Other NURSING; DIRECT		~~SCHOOL~~ YEAR
☐ Other		

EXTENT OF PARTICIPATION IN REGULAR PROGRAMS

(including non-academic settings) _____

PHYSICAL EDUCATION

Regular P.E.	☐ YES	☐ NO
Specially Designed P.E.	☐ YES	☐ NO
P.E. Requirement Completed	☐ YES	☐ NO

ATTENDS HOME SCHOOL ☐ YES ☐ NO

(if no, explain) _____

PARTICIPANTS AT IEP MEETING

1) _____ Parent/Guardian/Surrogate
2) _____ Special Education Teacher
3) _____ Regular Classroom Teacher
4) _____ Administrative Representative
5) Student _____
6) Principal _____
7) Other _____
8) Other _____

Previous IEP goals and objectives have been reviewed with the parents/ guardian/surrogate.

Parent/Guardian/Surrogate Signature _____ Date _____

An explanation of your rights regarding the identification, evaluation, and placement of your child according to OAR 581-15-075 is located on the back of this form.

Date October 28, 1986 Page 4 of 8 **B-7(L)**

Student's Name _____ Home School _____ Grade Kinder. Birthdate _____

SKILL AREA: (HEALTH)

PRESENT LEVEL OF EDUCATION PERFORMANCE (to include test data, remedial areas, etc.): Extreme prematurity, subglottic stenosis, bronchopulmonary splasia, chronic otitis; diagnosis of asthma, post-tracheostomy (removed 4-86); numerous school absences due to illness

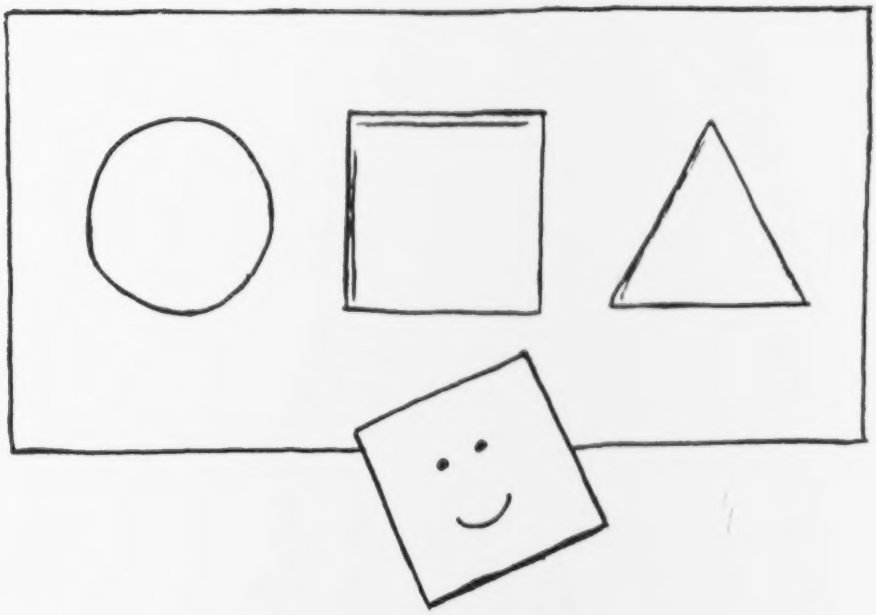
ANNUAL GOAL: PROMOTE GENERAL HEALTH STABILITY

SHORT TERM OBJECTIVES	CRITERIA	EVALUATION PROCEDURE(S)	SCHEDULES
1. _____ will attend school regularly.	daily; 6 hr. per day; with less than 10% absence due to illness	Maintain daily attendance records; record reasons for absences	6/87
2. Given daily inhalation therapy, _____ will maintain adequate respiratory function.	patent airway; free of symptoms of asthma; E. Protocol in place	Daily Nursing monitoring, interventions and recording	6/87
3. _____ will gain proportionally in height and weight.	measured on standard growth chart special diet	Daily diet and quarterly growth records	6/87

Sample

White: Special Educatio Yellow: Parent Pink: Permanent Record Folder Goldenrod: Teacher

PLACEMENT



Health impaired students, as noted, may have very different needs in the areas of social, cognitive, physical and self-help development. The common denominator is the need for ongoing medical or nursing intervention. Because of the differing needs in these areas, the placement options for educational environments are also varied.

EDUCATIONAL ENVIRONMENTS

MOST RESTRICTIVE ENVIRONMENT

HOSPITAL SETTING

HOME SETTING

SELF-CONTAINED CLASSROOM FOR HEALTH IMPAIRED

NON-CATEGORICAL SPECIAL EDUCATION CLASSROOM

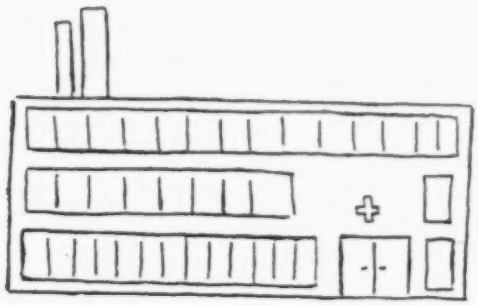
REGULAR EDUCATION PLACEMENT

LEAST RESTRICTIVE ENVIRONMENT

Five educational environments or placement options have been identified for the health impaired student who is school age. These options follow a continuum, beginning with most restrictive to least restrictive environment. It must be kept in mind that the determination of the restrictiveness in a given environment is based on the individual student's needs.

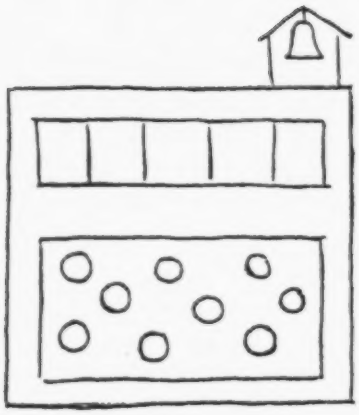
For example, a classroom situation that may be restrictive to one student may, because of the support services that are provided, be the least restrictive environment for a health impaired student. Without these supportive services, the student would not be able to participate in the setting.

The child's needs, not the current resources within the district, should determine which environment is most appropriate. Both the developmental and health related needs of the student should be addressed. With these in mind, a varied schedule or graded entry may be a consideration to assist the student in adjusting to a classroom routine.

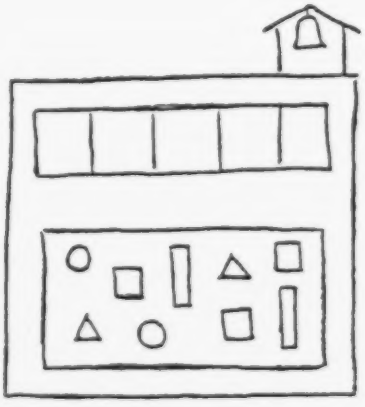


The first component of the continuum is **HOSPITAL INSTRUCTION.** In this environment, the student is in the acute care hospital and receives itinerant specialized instruction or tutoring from the teacher. Examples of this in Oregon might include Emanuel Hospital's Burn Unit or Shriner's Hospital. This situation is unique in that the teacher or educational service component comes to or is integrated into the medical environment.

The second step in the continuum would be **HOME INSTRUCTION.** The student receives specialized instruction and related services in their home or place of residence. Home or place of residence may refer to home, nursing home, care center, group home or foster home. The health impaired student receives the special instruction in this environment when the medical condition is such that the child is unable to tolerate a classroom routine, schedule or transportation. The child who experiences cardiac irregularity when there are changes in activity level or the neurologically involved child, whose seizures may be triggered by simple changes in the environment, provide examples.



The next step in the continuum is the SELF-CONTAINED CLASSROOM FOR HEALTH IMPAIRED. In the self contained model, the health impaired student receives special education instruction with full time direct nursing support. When appropriate, the student may be mainstreamed for part or all of the school day. Direct nursing services are available to the mainstream classroom. Another option for non-handicapped peer interaction is the use of reverse mainstreaming where students from regular education classrooms participate in scheduled activities in the self-contained classroom. The key in this step, and the remaining steps, is the integration of the health related services into the educational environment. This step in the continuum represents a model for severely health impaired students who reside in a densely populated area. When moving from the previous step to this step, a combination of home and classroom instruction or a modified schedule may be necessary depending upon the student's tolerance. This is commonly referred to as graded entry.

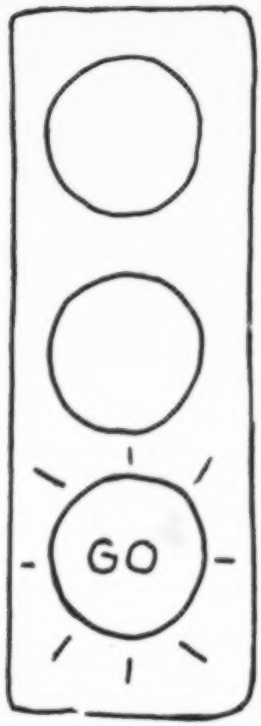


A NON-CATEGORICAL SPECIAL EDUCATION CLASSROOM is another step in the continuum. The health impaired student might participate in a self-contained classroom with other handicapped students. For example, a health impaired child with epilepsy, cerebral palsy and mental retardation might participate in a multihandicapped classroom with nursing intervention or consultation as needed. In this education setting, the health impaired student requires the availability of a nurse to provide input to the classroom staff. A student in a TMR classroom who has a seizure disorder may require nursing input to establish a plan to manage any emergency situation and provide follow-up to adjust the management plan.

The last component in the continuum might be considered the least restrictive environment when looking at educational environments from a generalized perspective. This component is the **REGULAR EDUCATION CLASSROOM**. The health impaired student might participate in a regular education setting when the health needs are such that full time direct nursing is not necessary and there are no other special education needs. The health impaired student is eligible for special education as" Other Health Impaired" and receives the special education service (nursing as a related service) in the regular classroom. A student with diabetes or a cardiac problem may be able to attend a regular education classroom with nursing consultation regarding medication, diet or contraindications to physical activity. In addition, ongoing nursing input should be available to address any change in the medical condition.

The health related needs and nursing services are constant factors throughout each of the five steps. The placement decision is the responsibility of the student's parents, the multidisciplinary team and the local school district. Placement should be reviewed each time the I.E.P. is reviewed (at least once a year) or whenever the parents or program staff feel there is a need for review.

IMPLEMENTATION



Once a decision on an educational placement has been reached, the next phase of the service delivery process begins. For all students, entry into school requires the completion of certain prerequisites, such as the enrollment form, immunization information and transportation arrangements. For the student with a health impairment, the prerequisites are of vital importance.

Initially, the educational team should determine a case manager. The case manager will collaborate with the nurse and the parents to determine all the necessary steps which must be taken prior to the student's first day of school.

Although the unique needs of each health impaired student will dictate specific factors, some general prerequisites apply. A Pre-Attendance Checklist (page 44) is provided to assist programs in preparing for the health impaired student.

Each item on the checklist provides necessary data for the development of specific health related implementation strategies. As with all other disciplines, nursing interventions should be designed and written using the format adopted by the classroom team. Procedures should be described and data collected each time the procedure is done in the classroom.

A written format for each strategy promotes clarity, continuity of management, and accountability. Adopting a consistent written format across disciplines aids implementation within the classroom. Implementation strategies should be written out, step by step, in easily understood language. A sample format for specific strategies is included (page 45).

Staff should receive both verbal and written instructions on proper techniques and precautions. A time table should be established at the time the strategy is initiated which defines how soon its effectiveness and appropriateness will be reviewed. The team member developing the specific strategy is accountable for the implementation and must take responsibility for the review and updating of each strategy written.

Strategies developed should relate to the student's I.E.P. Many strategies may require the input and collaboration of two or more team members. A good example of this would be a feeding program, developed jointly by the teacher, parent, nurse, physical therapist, and speech pathologist. Each discipline contributes important information to the final product. Examples of specific medical techniques and management strategies can be found in written materials listed in the Resource section of this booklet (page 55).

It is anticipated that emergency situations may occur more often with the health impaired student. Staff should be prepared, which not only decreases anxiety but may actually save a student's life. Therefore, <u>all health impaired students should have established emergency protocols</u>. An emergency protocol is a predetermined plan of action to be followed should an emergency arise.

The process utilized to develop an emergency protocol is not unlike that used to develop individual strategies. It requires gathering current information, developing step by step activities, assigning responsibility, teaching techniques and conducting periodic reviews. This process requires the involvement of the nurse, the parents, the physician(s), and the teacher. The case manager should track the development of the emergency protocol and facilitate its completion.

Examples of emergency protocols and formats are provided in this section (pages 46-49). Although these examples vary in length and detail, they each include the following essential components:

1. CURRENT MEDICAL DATA:
   - specific medical condition
   - potential emergencies
   - managing physician

2. ACCURATE INFORMATION:
   - current (frequently updated) data
   - cross referenced prescriptions

3. DETAILED ACTION PLANS:
   - specific medical interventions
   - if and when to call emergency services (911)
   - designated hospital
   - staff responsibility

4. SIGNATURES:
   - parent
   - nurse
   - teacher
   - physician
   - etc.

5. SCHEDULED REVIEW:
   - time frame
   - staff responsibility

In addition to these components, it is recommended that a signed authorization for treatment be obtained to expedite access to emergency care. An example is included (page 50). Authorization forms are generally available from local hospitals.

PRE-ATTENDANCE CHECKLIST

NAME: _____ DATE: _____

D.O.B.: _____ SCHOOL: _____

	DATE COMPLETED	PERSON RESPONSIBLE
____ ASSESSMENT DATA REVIEWED		
_____CURRENT M.D. SUMMARY		
_____MEDICAL ORDERS OBTAINED		
_____NURSING INTERVENTIONS WRITTEN		
_____EQUIPMENT ACQUIRED		
_____SUPPLIES OBTAINED		
_____SCHEDULE DETERMINED		
_____SAFETY ISSUES ADDRESSED		
_____CLASSROOM		
_____SCHOOL		
_____TRANSPORTATION		
_____EMERGENCY PROTOCOL DEVELOPED		
_____AUTHORIZATION FOR TREATMENT SIGNED		
_____HEALTH RELATED SERVICES IN PLACE		

P.R.O.M.I.S.E. PROJECT 1987

PROMISE. PROJECT 1987

SPECIFIC STRATEGIES FORM

Name: _____ Date: From: _____ To: _____

Annual Goal: _____ Written By: _____

Objective: _____

Procedure:

-45-

Necessary Equipment:

PRECAUTIONS:

Other Information:

P.R.O.M.I.S.E. PROJECT
1987

Date_____
Rev.By:_____

EMERGENCY PROTOCOL

Child's Name:_____
Birthdate:_____
Phone No:_____(h)
(Mom)_____(w)
(Dad)_____(w)

Parent(s) Name:_____
_____
Address:_____
_____
_____

Alternate Emergency Contact #1
Name:_____
Relationship:_____
Address:_____
_____
Phone No:_____(h)
_____(w)

Alternate Emergency Contact #2
_____
_____
_____
_____
_____(h)
_____(w)

DIAGNOSIS:_____

_____

_____

MEDICATION: (24 hour period)

	Name of Medication	Dosage	Time Given Method Given
1.			
2.			
3.			
4.			

TREATMENTS:(24 hour period) Ordered By:_____

1._____

_____

2._____

_____

Normal Blood Pressure:_____ Weight:_____

Normal Pulse Rate:_____ Respiratory Rate:_____

ALLERGIES

1._____ 2._____

3._____ 4._____

MAJOR HEALTH RELATED CONCERNS: (Describe concerns and plans.)

1. _____ PLAN: _____

_____

_____

_____

2. _____ PLAN: _____

_____

_____

_____

3. _____ PLAN: _____

_____

_____

_____

HOSPITAL OF PREFERENCE:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____

DOCTORS OF PREFERENCE AND SPECIALTY AREA:

Name	Address	Telephone	Specialty
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DATE: _____ (from - to)

SIGNATURE: _____ (parent or guardian)

_____ (physician)

_____ (nurse)

_____ (teacher)

_____ (other)

EMERGENCY PLAN FOR MEDICALLY AT RISK STUDENTS

School _____ Parent's Name _____

Date _____ Address _____

Student _____ Phone _____

Date of Birth _____

TO SCHOOL PERSONNEL: Re: _____ (Child's Name)

Medical Diagnosis: _____

Describe Possible Emergency Symptoms: _____

_____

_____

Current Medication: _____

_____

Allergies: _____

_____

If this reaction occurs at school, I request the following steps be taken:

Step 1. _____

Step 2. _____

Step 3. _____

Step 4. _____

I may be reached at _____ (home phone) _____ (work phone)

or please contact _____ (name) _____ (phone)

_____ (name) _____ (phone)

Doctor's name _____ (phone) _____

Dentist's name _____ (phone) _____

I authorize the school to obtain transport and/or obtain medical services from any doctor (M.D., D.O.) or dentist for my child).

_____ yes _____ no

_____ (Parent/Guardian _____ (date)

Staff Will Update Information Every Year. This Information Is Valid For One School Year Only.

K20.1/emrl.1 Beaverton School District (1986)

EMERGENCY PROTOCOL

Child's Name: Bobby Jones
Birthdate: 3-8-80
Phone No: _____ (h)
(Mom) _____ (w)
(Dad) _____ (w)

Parent(s) Name: _____
Address: _____

Alternate Emergency Contact #1
Name: Ethel Jones
Relationship: Grandmother
Address: _____
Phone No: _____ (h)
_____ (w)

Alternate Emergency Contact #2
Betsy Smith
Neighbor
_____ (h)
_____ (w)

DIAGNOSIS: Cerebral palsy (non-ambulatory and non-verbal);
Severe Seizure Disorder (Generalized or Tonic-Clonic)

MEDICATION: (24 hour period)

Name of Medication	Dosage	Time Given	Method Given
1. DEPAKENE (LIQUID)	3 CC.	Three times daily	orally
2. TRANXENE (CAPSULE)	3.75 mg.	Each Morning	orally

Weight: 45 pounds
Normal Pulse Rate: 75/minute
Normal Respiratory Rate: 20/minute
Normal Blood Pressure: 94/55

MAJOR HEALTH RELATED CONCERNS: (Please describe)
Seizures: (Child) usually has between 4 and 6 convulsive seizures per day. These seizures last 2 to 3 minutes. During seizures, (Child) extends his arms and legs and his body is rigid. Sometimes he makes sounds or chewing and swallowing movements. He has both deep and shallow breathing patterns. He may lose bladder control. Occasionally he has jerking episodes of his whole body.

EMERGENCY ACTION: If seizures occur, make (Child) comfortable by placing him on his left side on the floor. Do not restrain his movements. Observe him to assure his airway remains unobstructed. Do not insert your finger or an object into his mouth. If seizures continue for a period of 5 minutes or if breathing is interrupted or impaired, 1) Call Nurse to administer prescribed amount of Phenobarbital by injection; 2) Teacher will contact parent; 3) If seizures continue 20 minutes after injection or breathing difficulty continues, teacher calls parent; and 4) RN contacts physician (Dr. Brown 555-1212) if deemed necessary or calls for emergency transport.

HOSPITAL OF PREFERENCE: Oregon Health Sciences University Hospital

DOCTORS OF PREFERENCE AND SPECIALTY AREA:

Name	Address	Telephone	Specialty
1. Dr. Kias	111 W. 2nd	000-1111	Pediatrician
2. Dr. Brown	U.O.H.S.C.	555-1212	Neurologist
3.			

DATE: 9-86 to 1-87
SIGNATURE: _____
(parent or guardian)
Nurse: _____
Physician: _____
Teacher: _____
Other: _____

PROVIDENCE
MEDICAL CENTER

4805 N.E. GLISAN
PORTLAND, OREGON 97213-2967
PHONE: (503) 230-1111

SISTERS OF PROVIDENCE
SERVING IN THE WEST SINCE 1856

ST. VINCENT HOSPITAL
AND MEDICAL CENTER

9205 SOUTHWEST BARNES ROAD
PORTLAND, OREGON 97225
PHONE: (503) 297-4411

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As a parent or legal guardian of the following children:

_____
(names)

I hereby authorize _____
Name

_____
Address Phone Number

who is 18 years of age or older, to consent to any medical or surgical treatment of the above children which such person deems advisable if a parent or legal guardian cannot reasonably be located when the children are brought for treatment.

The above authorization will be effective as of: _____ and will expire after _____
(total period by law may not exceed six months)

During this period the parent or legal guardian of the above children will be at the following location(s):

_____

Signature: _____ or _____
(mother/guardian) (father/guardian)

Witnessed by: _____

Home Address of Parent or Guardian: _____

Phone Number of Parent or Guardian: _____

Family Physician: _____ Phone Number: _____

Employer: _____ Phone Number: _____

Health Insurance Company: _____ Group Number: _____

	Name of Child / Age	Name of Child / Age	Name of Child / Age
Chronic Illnesses or Allergies:			
Current Medications:			
Date of Last D.P.T. Immunization:			
Other:			

Additional forms available from Providence Medical Center or St. Vincent Hospital & Medical Center

678.08-S
REV 10-82

SUMMARY

Whether referred to as medically at risk, chronically ill or medically fragile, the health impaired population is a unique group of students. Health impaired students have individual needs including the need for an appropriate education.

These guidelines are intended to offer recommendations for meeting the educational needs of health impaired students. A service delivery process has been offered as a basis for establishing appropriate education services. The individual needs of each child, their family and the local school district will determine how this process is utilized.

It is the hope of the authors that parents, school districts and community service providers will find this information useful in addressing the educational needs of health impaired students.

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RESOURCES

ACCH
Association for the Care of Children's Health
Central Office
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 244-1801 or (202) 244-8922

ASOHI
Association for Severely Other Health Impaired
Kitty Salisbury-Frye, Chair
14950 S. Bradley Road
Oregon City, OR 97045
(503) 656-5234

CCD
Crippled Children's Division

Portland Office
Oregon Health Science Unversity
P.O. Box 574
Portland, OR 97207
(503) 225-8095

Eugene Office
Clinical Services Building
Eugene, OR 97403
(503) 686-3575

Medford Office
832 E. Main Street
Suite no. 5
Medford, OR 97504
(503) 776-6146

COPE
Coalition in Oregon for Parent Education
Central Office
999 Locust Street N.E., No. 42
Salem, OR 97303
(503) 373-7477 (VOICE/TTY)

Epilepsy Association of Oregon
718 W. Burnside room 204
Portland, OR 97209
(503) 228-7651

New Nursing Concepts
10175 S.W. Barbur Boulevard Suite 203B
Portland, OR 97219
(503) 245-1227

OAC
Oregon Advocacy Center
625 Board Trade Building
310 S.W. 4th Avenue
Portland, OR 97204
(503) 243-2081

ARC of Oregon
Association for Retarded Citizens
1745 State State Street
Salem, OR 97301
(503) 581-2726

Pathfinder
5000 W. 39th Street
Minneapolis, MN 55416

(In association with the School Nurse Organization of Minnesota, Pathfinder publishes Managing the Student with a Chronic Health Condition: A Practical Guide for School Personnel. 1986.)

Shriners Hospital for Crippled Children
3101 S.W. Sam Jackson Park Road
Portland, OR 97201
(503) 241-5090

UCP
United Cerebral Palsy
66 E. 34th Street
New York, NY 10016
(212) 481-6300

United Cerebral Palsy Association of Oregon
7830 S.E. Foster Road
Portland, OR 97206
(503) 777-4167

GLOSSARY

Case Management: A method of consolidating activities to promote effective and appropriate service delivery.

Chronic: Long standing or continual.

Early Intervention: (EI;Oregon) A section of the OAR's stating Oregon's policy to provide early intervention services to handicapped children immediately upon identification of their handicapping condition for purposes of their developmental growth, maximizing their potential for independent functioning in society and reducing the stress on their families.

Ecological: Pertaining to the relationship between an individual and their environment.

Emergency Protocol: A pre-determined plan to be followed should a specific emergency arise.

Graded Entry: Individual modification of the health impaired student's daily or weekly school schedule.

I.E.P.: (Individualized Education Program) A plan developed for each child which contains measurable goals and objectives and which is developed with full involvement of the child's parent, guardian or representative, and professionals with specific knowledge related to the child's disability.

I.H.P.: (Individual Health Plan) Similar to I.E.P., used for patients in in a health care facility.

Interdisciplinary: A team model, where interaction occurs between disciplines.

Intradisciplinary: A team model, where interaction occurs between team members of the same discipline.

I.P.P.: (Individual Program Plan, Oregon) Similar to I.E.P., used for Early Intervention Services.

Least Restrictive Environment: Refers to the the right under PL 94-142 for every student with a handicap to be educated with their non-handicapped peers to the maximum extent appropriate.

Multidisciplinary: A team model, where there are contributions from many disciplines.

O.H.I.: (Other Health Impaired) Defined by Oregon Administrative Rules (O.A.R.) as children who have limited strength, vitality or alertness due to chronic or acute health problems. OHI includes such impairments as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affect a child's educational performance.

Pediatric Nurse Practitioner: A registered nurse with advanced preparation in pediatrics.

Physical management: Specific techniques and methods that are used to lift, carry, handle or position a physically handicapped child.

PL 94-142: (1975) Guarantees a free and appropriate public education regardless of type or severity of a student's handicapping condition.

PL 99-547: Secures a free and appropriate education for those with handicapping conditions, ages 3-21, as of 1990.

Section 504: Part of the Rehabilitation Act of 1973, states that persons shall not be excluded from, denied benefits of, or discriminated against, under programs receiving federal funds.

Transdisciplinary: A team model, where interaction occurs beyond or across disciplines.

Toll Free Numbers

American Cleft Palate Education Foundation	800 24-CLEFT
American Council of the Blind (3-5 p.m. EST only)	800 424-8666
American Kidney Fund	800 638-8299
American Muscular Dystrophy Association	800 223-6666
Cancer Information Service	800 4-CANCER
Center for Special Education Technology (recorded tapes)	800 345-TECH
Crippled Children's Division of Oregon	
(Portland)	800 452-3563
(Eugene)	800 637-0700
Epilepsy Information Line	800 426-0660
International Shriners Headquarters	800 237-5055
National Association of Retarded Citizens	800 433-5255
National Jewish Lung Line	800 222-LUNG
National Cystic Fibrosis Foundation	800 344-4823
National Down Syndrome Society	800 221-4602
National Easter Seal Society	800 221-6827
National Health Information Center	800 336-4797
National Spinal Cord Injury Hotline	800 526-3456
National Tuberous Sclerosis Association	800 CAL-NTSA
Spina Bifida Hotline	800 621-3141
United Cerebral Palsy Association	800 872 2827

Medical Abbreviations

ā	before
abd	abdomen
a.c.	before meals
A.D.L.	activities of daily living
ad lib	as desired
amt.	amount
bid	twice a day
Bil	bilateral
BM	bowel movement
B.P.	blood pressure
c̄	with
cc	cubic centimeter
c/o	complains of
D.C.	discontinue
E	enema
emesis	vomitus
G-tube	gastrostomy tube
gavage	fed by N/G tube
GI	gastro-intestinal
gtts	drops
HC/EE	head circumference/ ear to ear
H20	water
Kg	kilogram
L	left
lg	large
LOC	level of consciousness
mod	moderate
Na	sodium
N/G	naso-gastric tube
no	number
noc	night
N.P.O.	nothing by mouth
N/S	normal saline
OD	right eye
OS	left eye
OU	both eyes or each eye
oz	ounce
p̄	after
p.c.	after meals
per	through or by
p.o.	by mouth
p.r.n.	as necessary
q̄	every
q̄d	every day
qid	four times a day
qod	every other day
R	right
REM	rapid eye movement
Resp.	respiratory
ROM	range of motion
s̄	without
sm	small
SOB	shortness of breath
stat	immediately
Temp	(po) orally
	(R) rectally
	(AX) axillary
tid	three times a day
trach	tracheostomy
Vd	urinate
void	urinate
W/C	wheelchair
↓	down, less, decrease
↑	up, more, increase
#	pounds
>	more
<	less

Please mail me _____ copy(s) of Guidelines for the Management of Health Impaired Students at $7.50 per copy.*

Enclosed is a check for $_____ payable to: PROVIDENCE CHILD CENTER

Send check and order form to: P.R.O.M.I.S.E. Project
Providence Child Center
830 NE 47th Ave.
Portland, OR 97213

Name:_____

Address:_____

_____ Zip_____

Please indicate: Parent___ Educator___ Nurse___ Administrator___
Other_____

*A limited number of copies, printed from donations, are available. If the $7.50 cost is prohibitive, please forward this form to receive a copy at no charge.

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